

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Medical Expenditure Panel Survey
Insurance Component

HEALTH INSURANCE COST STUDY BROCHURE EXTRACTION

INSTRUCTIONS

The MEPS-11C(B), Brochure Extraction, is to be completed for all health insurance plans offered AT THIS GOVERNMENT UNIT.

GENERAL PLAN INFORMATION

		FOR CENSUS USE ONLY
		100
1a. For 2001, what was the name of the health insurance plan with the largest (or next largest) enrollment of ACTIVE employees? Examples: <ul style="list-style-type: none"> • Blue Cross Blue Shield, High Option • Option A • Aetna HMO 		Name of plan 012
b. What was the name of the insurance company or carrier providing this plan? Examples: <ul style="list-style-type: none"> • Blue Cross Blue Shield • Alliance • Charter Health <i>If self-insured, enter the government name.</i>		Name of insurance carrier 102
2. Which type of health care provider was available through this plan? Exclusive providers – Enrollees must go to providers associated with the plan for all non-emergency care in order for the costs to be covered. Any providers – Enrollees may go to providers of their choice with no cost incentives to use a particular group of providers. Mixture of preferred and any providers – Enrollees may go to any provider but there is a cost incentive to use a particular group of providers.		103 1 <input type="checkbox"/> Exclusive providers (Examples: Most HMO, IPA, and EPO-type plans) 2 <input type="checkbox"/> Any providers (Examples: Most fee-for-service plans) 3 <input type="checkbox"/> Mixture of preferred and any providers (Examples: Most PPO and POS-type plans)
3. Did this plan REQUIRE that the enrollee see a gatekeeper or primary-care physician in order to be referred to a specialist? <i>For plans with multiple options, answer for the "in-network" option.</i>		104 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't Know

INDIVIDUAL DEDUCTIBLES

4a. Did this plan have a deductible?

Deductible – Predetermined amount which must be met by an individual before the plan will pay for covered services.

Many HMOs do not have a deductible.

- 151 1 ☐ Yes – Continue with Question 4b
2 ☐ No – **SKIP to Question 6a**

b. What was the annual deductible an individual paid?

Report deductibles for care received "in-network" from preferred providers, if applicable.

If separate deductibles apply, enter physician care and hospital care amounts in appropriate boxes.

If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under 6 on the next page.

146

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 Individual annual deductible

OR

Separate deductibles for:

147

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 Physician care

148

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 Hospital care

FAMILY DEDUCTIBLES

5a. Did this plan require that a specific number of family members must meet their individual deductibles before the family deductible was met?

- 224 1 ☐ Yes – Continue with Question 5b
2 ☐ No – **SKIP to Question 5c**
3 ☐ Family coverage not offered – **SKIP to Question 6a**

b. How many family members were required to meet their individual deductibles before the family deductible was met?

150

 Number of family members

c. What was the total annual deductible a family paid?

Report for a family of four.

149

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 Total annual family deductible

PLAN CHARACTERISTICS

9. Which of the services listed were covered by this plan?

Mark (X) all that apply.

	Yes (1)	No (2)	Don't know (3)
164 Routine mammograms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
585 Adult preventive care (office visits and tests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
586 Well-baby/well-child care (office visits and tests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
173 Chiropractic care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 Outpatient prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
587 Routine vision care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
176 Routine dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
177 Orthodontic care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180 Inpatient mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
181 Outpatient mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182 Alcohol/substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>